

**ADEM LINE LEAK DETECTOR (LLD) TEST REPORT FORM****READ THIS PARAGRAPH BEFORE COMPLETING FORM:**

This form must be completed and attached to the test data, and be available for review during inspections by ADEM. Note that you can place up to 6 Unique Tank Numbers on one form, assuming that the Facility ID Number and the test equipment remain the same.

Facility ID: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Testing Company Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

Person Performing Test \_\_\_\_\_

Manufacturer of Test Equipment/Model or Version \_\_\_\_\_ / \_\_\_\_\_

Reason for Test (circle all that apply):    New Installation; Annual Test; Required by ADEM

**Line Leak Detectors are designed to be tested in-place. Do not remove and test outside the tank system.**

Tank:	1	2	3	4	5	6
Unique Tank Number:						
Substance Stored:						
Piping Material: Steel(S), Fiberglass(FG) or Flexible(FX)						
Date of Test:						
LLD Manufacturer:						
LLD Model Number:						
Measured Leak Rate, GPH:						
Pass(P), Fail(F) or Inconclusive(I):						

I CERTIFY UNDER PENALTY OF LAW THAT THE TEST WAS CONDUCTED ACCORDING TO THE PROTOCOL OF THE TEST METHOD USED AND WAS PERFORMED IN ACCORDANCE WITH ALL REGULATORY REQUIREMENTS OF ADEM ADMINISTRATIVE CODE RULE 335-6-15 AND THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

Tester's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_